

Diesel Truck Idling Reduction Grant Program

Application Form

commerce.wi.gov



SECTION 1 - APPLICANT INFORMATION

Business name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Web site: _____

Date established or incorporated: _____ FEIN: _____

(Federal employer identification number)

Principal administrative office(s) in Wisconsin? ☐ Yes ☐ No

80% of payroll paid to employees employed in Wisconsin? ☐ Yes ☐ No

Type of business: ☐ Common motor carrier ☐ Contract motor carrier ☐ Private motor carrier

Number of full-time employees: _____

CEO name: _____

Phone number: (____) _____ - _____

Fax number: (____) _____ - _____

E-mail address: _____

Facility contact name: _____ Phone number: (____) _____ - _____

E-mail address: _____

SECTION 2 - FLEET INFORMATION

Federal DOT Number: _____

Number of truck tractors in fleet with post-1998 diesel truck engines: _____

How many vehicles in your fleet already have idling reduction technology installed? _____

* Types (check all that apply) ☐ AES ☐ APU ☐ BP ☐ DFH ☐ ERS ☐ Other

Number of idling reduction units being applied for: _____

The following table shows the maximum number of idling reduction units that an applicant may have funded under the program:

| Applicant's Number of Eligible Trucks | Maximum Number of Units Funded |
|---------------------------------------|--|
| 1 | 1 |
| 2 to 10 | 2 |
| 11 to 50 | 2, or 10% of the applicant's number of eligible truck tractors, whichever is greater |
| 51 to 250 | 6, or 7% of the applicant's number of eligible truck tractors, whichever is greater |
| 251 to 500 | 18, or 6% of the applicant's number of eligible truck tractors, whichever is greater |
| 501 to 2,500 | 25, or 5% of the applicant's number of eligible truck tractors, whichever is greater |
| Over 2,500 | 3% of the applicant's number of eligible truck tractors |

* see footnotes on page 2

SECTION 3 - TRUCK INFORMATION

Information about the truck tractor(s) in your fleet that you are requesting grant coverage for:

| New or Used Vehicle | Engine Year | Current* Vehicle Usage (Miles perYear) | Current* Miles Per Gallon | Current Idling* Time (Hours/Month) | Vehicle Identification Number (VIN) | Type of Idling Reduction Unit: AES, APU, BP, DFH, ERS, Other | Unit Price*** Quote | Installation*** Price Quote | Total Price |
|------------------------------|----------------|---|---------------------------------|--|-------------------------------------|--|------------------------|--------------------------------|-------------|
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* Provide information gathered over a 12-month period (If the vehicle is "new" provide an estimate)

** AES: Automatic Engine Shutdown Unit

APU: Auxiliary Power Unit

BP: Battery Powered HVAC Unit

DFH: Direct Fired Heater/Bunk Heater Unit

ERS: Energy Recovery System

Commerce will determine reasonable costs by using current market pricing standards and industry information provided by the EPA Smartway Program.

Commerce will not award grants for idling reduction equipment purchased or installed prior to July 1, 2006.

***Unit and Installation Price Quote: Include paper copies of the estimated costs (including applicable taxes).

Please copy this page if you are applying for grant coverage for more vehicles than there are spaces provided.

ATTACHMENT A - CERTIFICATION STATEMENT

The Applicant:

1. Certifies that to the best of their knowledge and belief, the information being submitted to Commerce is true and correct.
2. Certifies that the applicant is in compliance with all laws, regulations, ordinances and orders of public authorities applicable to it.
3. Certifies that the applicant is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with other creditors.
4. Certifies that the applicant has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project. Adverse material impact includes but is not limited to lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory intervention or inadequate capital to complete the project.
5. Understands that unless qualifying as a trade secret, all information submitted to Commerce is subject to Wisconsin's Open Records Law.
6. Certifies that the applicant is not in default under state and federal tax laws.
7. Understands personal information provided may be used for secondary purposes [Privacy laws s.15.04(1)(m), Stats.]
8. Agrees to collect information relating to the operation and performance of each idling reduction unit covered by the grant, as required by Commerce, and to report that information to Commerce.

APPLICANT CERTIFICATION

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT AND THAT I AM A LEGALLY AUTHORIZED SIGNATORY OR DESIGNEE FOR THE SUBMITTAL OF THIS INFORMATION AND ANY OTHER REQUIRED INFORMATION ON BEHALF OF THE APPLICANT.

| | |
|------------|-------|
| | |
| Signature | Date |
| | |
| Print Name | Title |

Diesel Truck Idling Reduction Grant Program Contact

Thomas Coogan
Wisconsin Department of Commerce
Bureau of Entrepreneurship
Phone: (608) 267-9214 Fax: (608) 264-6151
Email: Thomas.Coogan@wisconsin.gov
Website: commerce.wi.gov

Please return the completed application to the:

Wisconsin Department of Commerce
Attn: Diesel Truck Idling Reduction Grant Program
P.O. Box 7970
Madison, WI 53707-7970

ATTACHMENT B

W-9 TAXPAYER IDENTIFICATION NUMBER (TIN) VERIFICATION

Print or Type

This form can be made available in alternative formats to qualified individuals upon request.

Legal Name: (as entered with IRS)

Individuals: Enter Last Name, First Name, Middle Initial
Sole Proprietorships: Enter Last Name, First Name, Middle Initial
All Others: Enter Legal Name of Business

Entity Designation: (check only one)

- ☐ Individual / Sole Proprietor
☐ Corporation (includes service corporations)
☐ Limited Liability Partnership
☐ Limited Liability Corporation
☐ Government Entity
☐ Hospital Exempt from Tax or Government Owned
☐ Long Term Care Facility Exempt from Tax or Government Owned
☐ All Other Entities

Trade Name:

Individuals: Leave Blank
Sole Proprietorships: Enter Business Name
All Others: Complete only if doing business as a D/B/A

Remit Address: Address where awarded funds check should be sent if different from primary address PO Box or Number and Street, City, State, ZIP+4

Taxpayer Identification Number (TIN):

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using your EIN may result in unnecessary notices to the Requester.

Order Address: Address where order should be mailed
PO Box or number and street, City, State, ZIP+4

[NOT APPLICABLE]

Primary Address: Address where 1099 should be sent if different from remit address
PO Box or number and street, City, State, ZIP+4

Check Only One

- ☐ Social Security Number (SSN)
☐ Employer Identification Number (EIN)
☐ Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)

Certification: Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, AND
2. I am not subject to back up withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back up withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a US resident alien).

| | | |
|--------------|---------------|-----------------------------|
| Printed Name | Printed Title | Telephone Number () |
| Signature | | Date (mm/dd/ccyy) |

For Agency Use Only

| | | |
|--|---------|--------------|
| Agency Number | Contact | Phone Number |
| Change <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Other (explain) | | |

For all projects approved by Commerce, this form is used as a reference for issuing checks to Recipients. Commerce will file with the IRS appropriate income tax forms for award Recipients based on information that appears on this form. Failure to provide this information may result in delayed payments. This request is being made at the direction of the Wisconsin State Controller. We are required to inform you that failure to provide the correct Taxpayer Identification Number (TIN) / Name combination may subject you to a \$50 penalty assessed by the Internal Revenue Service under section 6723 of the Internal Revenue Code. Section 6109 requires you to furnish your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.